

**DECLARATION
and POWER OF ATTORNEY**

XX ORIGINAL
— CONTINUATION IN PART
— DIVISIONAL

As a below named inventor, I declare that the information given herein is true, that I believe that I am the original, first and sole inventor if only one name is listed at 1 below, or a joint inventor if plural inventors are named below at 1-2, of the invention entitled:

TRIANGULARLY SHAPED FLEXIBLE BOTTLE WITH FITMENT, AND METHOD OF FABRICATION

Which is described and claimed in the attached specification, and for which a patent is sought, and that my residence, post office address and citizenship are as stated below next to my name.

I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

COUNTRY	APPLICATION NUMBER	DATE OF FILING mo. day yr	PRIORITY CLAIMED UNDER 35 USC§119
NONE			YES <input type="checkbox"/> NO <input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing Date)

(Status)

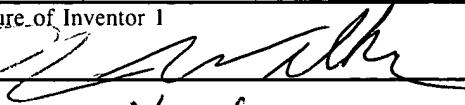
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or Agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Saul Epstein
14558 Deervale Place,
Sherman Oaks, CA 91403
818 789 5346

Reg. No. 25449

1	LAST NAME Wilkes	FIRST NAME Kenneth	MIDDLE NAME R.	Residence: <input type="text"/> CITY <input type="text"/> STATE or COUNTRY Asheville NC
	Post Office Address 7 Stuyvesant Rd., Asheville, NC 28803			CITIZENSHIP USA
2	LAST NAME	FIRST NAME	MIDDLE NAME	Residence: <input type="text"/> CITY <input type="text"/> STATE or COUNTRY
	Post Office Address			CITIZENSHIP

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1  Date 11/25/03	Signature of Inventor 2 Date
---------------------------------------------------------------------------------------------------------------------------------	-------------------------------------